A close up of a sign

Description automatically generatedADRA - Safeguarding Incident Report Form

Please send the completed form to ADRA Timor-Leste: info@adra.tl

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| ADRA – Staff Safeguarding Incident Report Form | |
| **Your Details** | |
| **Name:** |  |
| **Date:** |  |
| **Job Role:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| **Details of Incident / disclosure** | |
| **Date incident/ concern raised** |  |
| **Who raised the concern?**  **Name:**  **Contact Details:** |  |
| **Who is the vulnerable person / child?**  **Name:**  **Age (if under 18):**  **Contact details:**  **Parents’ contact details (if under 18):** |  |
| **Alleged perpetrator:** |  |
| **WHEN and WHERE did the incident occur?**  **(Please list approx. TIME and LOCATION)** |  |
| **Describe what happened? (In as much detail as possible)** |  |
| **Were there witnesses?**  **Name(s):**  **Age(s) (if under 18):**  **Contact details:** |  |
| **After the incident/ disclosure** | |
| **Who have you discussed this incident with?**  **Name:**  **Contact details:** |  |
| **Have you reported this incident to anyone else? (e.g. local authority, police etc.)**  **Name:**  **Contact details:** |  |
| **Where there any immediate actions you have had to take because of the incident?** |  |
| **Was anyone else present at the referral?**  **Name:**  **Contact details:** |  |
| **Please save this report securely and send it to ADRA Timor-Leste: info@adra.tl** | |